Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment Name					Telephone Number	Date of	ID#
SUBWAY #22660 (SERVELL 2 INC)					Est 626-991-1766	Inspection	
Address					Own	07/13/2022	
3008 CHARLE	ESTOWN	CROS	SING	, NEW ALBANY IN 4			
Owner					Purpose	Follow Up	Released
MONISH KAP	PUR				X Routine	07/27/2022	07/13/2022
Owner's Addr	ess				Follow-up		
2993 SEASONS DR GREENWOOD, IN 46143					Complaint		
Person in Cha	rge						
ADDISON C	OOK				Pre-Operational		
Responsible P	erson's En	nail			Temporary	Menu Type	
					НАССР	1 <u>2 X 3</u>	4 _ 5 _
Certified Food	l Handlar				Other (list)		
Certifica Food	i iianuici				— Other (list)		
				AND NARRATIVE COLUMNS MARKED "C"			
VIOLATION(S) REPEAT	TED FROM PREV	/IOUS INSI	PECTIO	NS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN	N THE NARRAIVE COLUMN MARKED AS "R"		
Section #	C	NC	R	Narrative		То Ве С	orrected
118 173	Х		Observed no Certified food manager's certificate. Owner and Manager 2 weeks				
				should consider getting certified.			
	Х			Observed employee phone on prep table.	If phone is handled, hands shoul	should today	
187	washed before putting on glo X Observed thermometer on rig				containing vegetables cliced tomato 1 week		
	^			Observed thermometer on right cooler co and cheese reading 58F. Cheese was mea			
				were moved to ice pans, These are both p		30	
				be store at 41F or below. Est. needs to ve		g	
				these products below 41F until cooler can	n be repaired.		
344	X			Observed items in front handwashing sin	k behind prepline. This sink can	Correcte	d/ retrain staff
256		.,	.,	only be used for washing hands,	1 01 11 1 1		22
256		Х	Х	Observed no thermometer in walk-in coo		er retrain s	aff
				in prep cooler. After the inspection, owner them. The person in charge should be abl			
				temperatures daily.	to to tocate thermometer to eneck		
244		Χ		Observed single-service cups stored under	er an unshielded sewer line in fror	nt 1 day	
				of house handwashing cabinet.		Ž	
297		Χ		Observed food debris around edges of pro-		1 day	
				the sheet metal. Observed hot well in nee			
421		V		water under pans on right prep/display co		1.1	
431		Х		Observed additional cleaning needed und 3-comp sink and around C02 tank.	ier storage rack across from	1 day	
295		Х		Observed dried onion on slicer. Slicer sho	ould be cleaned after each use	today	
324		X		Observed the right bay of 3-comp sink to		2 weeks	
				using the first bay to wash and rinse and	_		
				is acceptable until repairs can be made.			
433		Χ	Χ	Observed mop not hung to dry. Observed	l mop left in mop water.	today	
392		Χ		Observed side doors of the shared dumps	sters to be left open.	today	

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Owner MONISH KAPUR		Purpose X Routine	Follow Up 07/27/2022	Released 07/13/2022					
Owner's Address 2993 SEASONS DR GREENWOOD, IN 46143 Person in Charge ADDISON COOK		Follow-up Complaint Pre-Operational	on=n=0==	-					
Responsible Person's Email		Temporary HACCP	Menu Type 1 2 _X 3 4 5						
Certified Food Handler		Other (list)							
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"									
Section # C NC R Narrative	To Be Corrected								
Summary of Violations C 4 NC	8 R <u>2</u>	T							
Received by (name and title printed): MONISH KAPUR		Inspected by (name and title printed): Thomas Snider CFS							
Received by (signature):		Inspected by (signature):	rao-Sniden	-					
cc:	cc:		cc:						